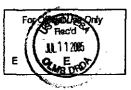
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 88-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 2460	2. Fiscal Year Covered From:
	1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Thomas J. Stanek	Name Machinists, District 54
	Labor Organization File Number 013-226
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, If any
Street 6811 Earview Road PAR VIEW	Street 2906 Euclid Avenue
City Brecksville	City Cleveland
State Ohio ZIP Code + 4 44141	State Ohio ZIP Code + 4 44115
5. Position in labor organization. Business Representative	
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization. Name and address of Employer (including trade name, if any).	derived income or other economic benefit of ion represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.
Name :	7.a. Nature of Interest, Transaction, or Income.
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	7.b. Amount.
Street	
City	
State ZIP Code + 4	
Signature	
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
submitted in this report (including the information contained in any accompany	ring documents), has been examined by the signatory and is, to the best of the

Name of Person Filing Thomas J. Stanek	File Mulipel O-
B. Held an Interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.	
Name and address of Business (including trade name, if any).	9. Business deals with:
Name	,
Trade Name, if any:	a. Labor Organization b. Trust
P.O. Box, Bidg., Room No., if any	c. Employer
Street	C. Z. nasyst
City	
State ZIP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	Approximate dollar value of such dealing. Nature of interest held or income received.
State ZIP Code + 4	
	The second secon
	12.b. Amount.
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.
(including trade name, if any). Name Schwarzwald & McNair LLP	Gift of six steaks
and the second of the second o	
Trade Name, if any:	
P.O. Box, Bldg., Room No., If any 616 Penton Media Building	
Street 1300 East Ninth Street	
City Cleveland	
State Ohio ZIP Code + 4 44114-1503	· · · · · · · · · · · · · · · · · · ·
13.b. Is the Business an Employer X or Consultant ?	14.b. Amount of payment. Approx., \$80.00 - December 2004